

Department Signature Form

I hereby certify under penalty of perjury that the information contained in the Interagency Biographical and Financial Report signed by me on _____, _____, is correct and complete and that there is no misrepresentation or omission of material fact.

Dated and signed this _____ day of _____, _____.

(Signature of Affiant)

STATE OF TEXAS

COUNTY OF _____

Personally appeared before me the above named _____,
personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public)

(Name Typed or Printed)

My commission expires _____